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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *mk*

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TITLE  
 Endoscope

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